

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09781379</i>	FILING DATE <i>02-12-01</i>			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/					51				
2	/					52				
3	/					53				
4						54				
5	/					55				
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44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	/									
TOTAL DEP.	9	↙	↙	↙	↙					
TOTAL CLAIMS	10									